DECLARATION and POWER OF ATTORNEY

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My re i ack i here i here	was filed on	as United States Application Number of citizenship are as stated below next to my name. Information which is material to the petentability of the and understand the contents of the above identified is under Title 35, United States Code, § 119 of any ion for patent or inventor's certificate having a filing	is application in accordance specification, including the foreign application(s) for pa date before that of the appli	e with Title 37. Code of Federal Regulations § 1.56(a). cisims, as amended by any amendment referred to above.	
		PHICH FOHEIGN	APPLICATION(S) DATE OF FILE	NG PRIORITY CLAIMED LINDER	
COUNTRY APPLICATION NUMBER		APPLICATION NUMBER	Month Day Ye		
	Japan Japan	2000-362518 2001-344447	November 29, 2	2000 Yes	
provid	ded by the first personach of 35	U.S.C. 120 of any Unked States application(s), or 36	not disclosed in the prior U	nal application designating the United States of America. Inked States or PCT International application in the manner	
POWA Trade WILLI Sen	ication Serial No.) ER OF ATTORNEY: As a namental transfer office connected therewill AM L. ANDROLIA, Reg. No. 21 and correspondence to: se Print)	ed Inventor, I hereby appoint the following registers	Date) d practitioner(s) to prosecut DIRECT TELEPHONE CA	(Status te this application and transact all business in the Patent and ULIS TO: KODA & ANDROLIA 310-277-1391	
44	Name of Inventor				
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4	Name of Inventor		Residence: CITY	STATE or COUNTRY	
7	Post Office Address			CITIZENSHIP	
urther ese st at suc	h willful false statements may j	ecpardize the validity of the application or any paten	statements made on Information made are punishable by the issuing thereon.	mazion and belief are believed to be true; and further that fina or imprisonment, or both, under 18 U.S.C. 1001 and	
DATE NOV. 27, 200/			SIGNATURE OF INVENTOR 2		
DATE Nov. 27, 200/			DATE		
SIGNATURE OF INVENTOR 3			SIGNATURE OF INVENTOR 4		
DATE			DATE		

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Dated: "/29/0/ By: By:

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Inventor(s):

SATORU SHIBUYA

For:

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